Bay County Health Department

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Bay Community Health News

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2009 H1N1 INFLUENZA

The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) recommends that certain groups of the population receive the 2009 H1N1 vaccine first. These target groups include pregnant women, people who live with or care for children younger than 6 months of age, healthcare and emergency medical services personnel, persons between the ages of 6 months and 24 years old, and people ages 25 through 64 years of age who are at a higher risk for 2009 H1N1 because of chronic health disorders or compromised immune systems. It is expected that eventually there will be enough 2009 H1N1 vaccine for anyone who chooses to get vaccinated. The US federal government has procured 250 million doses of 2009 H1N1 flu vaccine. This quantity of vaccine accounts for the National Institute of Health (NIH) clinical trial data showing that children 6 months to 9 years of age will need two doses and persons 10 and older will need one dose. CDC recommends that the two doses of 2009 H1N1 monovalent vaccines be separated by 28 days (4 weeks).

Every state and local Health Department has developed a vaccine delivery plan. The Bay County Health Department's H1N1 vaccination program includes delivery of the vaccine in a combination of settings such as public vaccination clinics, healthcare provider offices, and pharmacies. The H1N1 vaccine is available in an injectable and intranasal form. Both the flu shot and nasal spray form of 2009 H1N1 vaccines are produced and licensed by the Food and Drug Administration.

INFLUENZA ANTIVIRAL MEDICATIONS

Tamiflu (oseltamivir phosphate) and Relenza (zanamivir) are the two FDA-approved influenza antiviral drugs that are recommended by CDC for use against the 2009 H1N1 influenza virus. The older drugs amantadine and rimantadine are approved for treatment and prevention of influenza A, but many strains of influenza, including 2009 H1N1 influenza, have now become resistant to these two drugs. CDC currently recommends their use only in situations where specific virus strains are suspected that could be susceptible to these drugs and resistant to other treatment likely to be used. The priority for use of antiviral medications this season continues to be in people with more severe illness, such as people hospitalized with influenza, and people at increased risk of influenza-related complications. As with any medical decision making, clinical judgment is an essential factor in making decisions about treatment with antiviral medications. Most people ill with influenza will recover without complications. Some people are at highest risk of influenza-related complications and are prioritized for treatment with influenza antiviral drugs this season. They include:

- ✓ Children younger than 2 years old
- ✓ Adults 65 years of age or older
- ✓ Pregnant women and women up to 2 weeks postpartum (including following pregnancy loss)
- ✓ Persons with the following conditions:
  - Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), or metabolic disorders (including diabetes mellitus)
  - Disorders that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk of aspiration (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders)
  - Immunosuppression, including that caused by medications or by HIV

UPDATED RABIES MANAGEMENT

The Michigan Department of Community Health (MDCH) has released updated rabies management flowcharts to replace previous versions. This current release incorporates the new June 24, 2009 Advisory Committee on Immunization Practices (ACIP) guidelines for human rabies post-exposure treatment (change from 5 vaccine doses to 4 in previously unvaccinated, healthy individuals). The flowcharts also available on Michigan's Emerging Diseases website at: **www.michigan.gov/rabies**. The MDCH no longer provides Rabies Vaccine to any local health department such as Bay County Health Department. We will, upon request, advise private providers or hospital emergency rooms on proper dose and intervals of post-exposure prophylaxis.

ASSESSMENT: Rabies risk assessment requires balancing a number of criteria: the species of animal and the endemicity of rabies for that species for Michigan, the observed health and behavior of the animal, and the circumstances of the bite. This algorithm only addresses rabies post-exposure prophylaxis. Other treatment such as wound care, antibiotics, and tetanus immunization may be indicated.

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REPORTED NUMBER OF COMMUNICABLE DISEASE CASES IN BAY COUNTY FOR 2007. 2008. AND 2009

(2009 represents January – November 30)

BAY COUNTY			
DISEASE	2007	2008	2009
Viral Meningitis	16	3	8
Bacterial Meningitis	0	1	1
Campylobacter	4	2	9
Cryptococcus	0	0	2
Giardiasis	13	3	3
Hepatitis C Chronic	25	14	42
Hepatitis C Acute	0	0	14
Hepatitis B Acute	0	0	1
Hepatitis B Chronic	5	1	2
Hepatitis A	1	0	1
Legionellosis	2	0	2
Salmonellosis	9	5	11
Shigellosis	0	0	0
Pertussis	2	0	8
Tuberculosis	0	0	0
Escherichia coli 0157:H7	1	0	1
Chicken Pox (Varicella)	15	34	18
Mumps	0	0	0
HIV, Adult	0	3	3
Chlamydia	213	129	295
Gonorrhea	39	18	35
Syphilis	3	1	0
Rabies (Bats)	3	2	2
Influenza 2009 Novel	0	0	27

RABIES POST-EXPOSURE PROPHYLAXIS (PEP):

Rabies PEP is a medical urgency NOT an emergency. The severity and location of a wound (severe wounds or obvious wounds near the head and neck should be given highest priority), and the expected interval between the time of the bite and receipt of rabies test results should be considered when making a decision to begin PEP while awaiting test results. Potentially exposed persons can normally afford to wait *48-72* hours for 1) an animal to be located for quarantine or testing, or 2) animal rabies testing results. Testing is available at the MDCH laboratory 24/7 including weekends and holidays, and turnaround time for testing is normally 24-48 hours.

RABIES PEP TREATMENT:

Unless the person previously received rabies immunoprophylaxi s[1] or is immunosuppressed [2], PEP consists of four (4) doses of vaccine (1.0 ml each administered IM in the deltoid region) on days 0, 3,7,and 14, and one (1) dose of human rabies immune globulin (HRIG) administered on day 0. HRIG (dosage 20 IU/kg) should be infiltrated into and around the bite wound as much as anatomically feasible, with the remainder administered IM at a site distant from vaccine administration. HRIG should not be administered in the same syringe or at the same site as vaccine.

[1] ***Previously vaccinated patient:*** *No HRIG, and only two (2) doses of vaccine on days 0 and 3.*

[2] ***Immunosuppressed patients:*** *HRIG and a five (5) dose series vaccine (0, 3, 7, 14, 28). Serum should be tested for rabies neutralizing antibody 1-2 weeks following completion of series.*

NOTE: If the biting animal is captured and tests negative for rabies after PEP has begun, PEP may be discontinued.

Consult the Bay County Health Department if deviations from the PEP schedule occur.

HEALTHY HOMES PROGRAM COMING IN 2010

Bay County Health Department's Environmental Health Division recently purchased an XRF Niton Lead Analyzer. This machine is used to test toys, houses, and soil for lead. This program will be available in year 2010. More details to follow.

PUBLIC HEALTH NEWS & NOTES

EAT SAFE WILD GAME

The State of Michigan has issued a health advisory for wild game taken from areas around the Tittabawassee or Saginaw Rivers. Harmful chemicals called dioxins and polychlorinated biphenyls (PCBs) are found in and around the Tittabawassee and Saginaw Rivers (south of Midland). Wild game that live in these areas have been tested for chemicals. Testing showed that there **are** chemicals in the wild game. If wild game is eaten from these areas, the chemicals can build up in the body and may cause health problems, such as:

- ✓ A decrease in the body's ability to fight off illness
- ✓ Changes in the health of the liver
- ✓ Cancer
- ✓ Damage to the physical, mental, and behavioral development of babies and children

Wild game that have been tested are deer, turkey, rabbit, squirrel, Canada goose, and wood duck. Other types of wild game may also have high amounts of PCBs and dioxin.

No one should eat:

- ✓ Skin and organs of waterfowl, including Canada goose and wood duck
- ✓ Liver from deer taken from the Tittabawassee River area
- ✓ Turkey meat, skin, and organs from the Tittabawassee River area

In addition, women of childbearing age and children under 15 years old should not eat:

- ✓ More than 1 meal per week of deer meat from the Tittabawassee or Saginaw River areas
- ✓ More than 1 meal per week of squirrel meat from the Tittabawassee River area.

Everyone, including pregnant women, can safely eat:

- ✓ Rabbit meat
- ✓ Skinned Canada goose and wood duck meat
- ✓ Skinned turkey meat from the Saginaw River area

Women beyond childbearing age and adult men can safely eat:

- ✓ Meat of any animal that has been tested, except those listed above in **"No one should eat"**

Follow this advice for trimming and cooking ALL WILD GAME:

- ✓ Before cooking, trim away all fat seen
- ✓ Cook the meat so the fat drips away (on a rack or grill, for example)
- ✓ Do not eat organs such as the liver, heart or brains
- ✓ Do not eat the skin
- ✓ Cook the meat to a safe internal temperature

ACUTE HEPATITIS A VIRUS (Anti HAV IgM)

Hepatitis A is a nationally reportable condition, and the surveillance case definition includes both clinical criteria and serologic confirmation. State health departments and the CDC have investigated persons with positive serologic tests for acute hepatitis A virus (HAV) infection (i.e., IgM anti-HAV) whose illness was not consistent with the clinical criteria of the hepatitis A case definition. To improve the predictive value of a positive IgM anti-HAV tests, clinicians should limit laboratory testing for acute HAV infections to persons with clinical findings typical of hepatitis A or to persons who have been exposed to settings where HAV transmission is suspected. Physicians, who are considering Acute Hepatitis A diagnosis, **should remember to order the IgM HAV to prevent delays in laboratory confirmation**. It is recommended for physicians to question clients if they have received the Hepatitis A vaccination series. It has been found that labs that have a total Anti-HAV test results, are not doing further lab studies, unless indicated. **It is imperative labs run the IgM HAV if Acute Hepatitis A is being considered for diagnosis.**

PERTUSSIS AND ITS COMEBACK - IN PERSONS OF ALL AGES

Reported Pertussis levels in Michigan, and several other states, remain high in 2009. Medical and public health providers should help to assure proper diagnosis, treatment, prevention and control. Clinicians should consider Pertussis in prolonged cough illnesses (2+ weeks). Recommended diagnostic tests are culture or PCR of nasopharyngeal (NP) aspirate or swab (Dacron). Serology and DFA tests are **NOT** recommended. Cases should be reported to the Bay County Health Department, investigated, and classified according to the national surveillance case definition. Recommended treatment is a course of a macrolide antibiotic (5 days azithromycin, or 7 days clarithromycin, or 14 das erythromycin; an alternative is 14 days TMP-SMZ). Household and other close contacts of cases should receive antibiotic prophylaxis within 3 weeks of exposure using same antibiotics and doses in treatment recommendations. Infants are at highest risk of severe disease and death; older siblings and adults often are the source. Infants and children should receive Pertussis vaccine series (DTaP) as per the U.S. recommended childhood immunization schedule. All doses should be given as close to the recommended ages as possible. A routine Pertussis vaccine booster dose (Tdap) is recommended for adolescents and adults, and is especially important for those in contact with infants.

CHLAMYDIA/GONORRHEA
DON'T FORGET THE PARTNERS

Health care providers, please inform your patients of the importance of informing their partners regarding the need for treatment. Partners may call the Bay County Health Department Health Screening clinic at (989) 895-4003, Option 1, or their local health department. **New Change in CDC Guidelines: Remember to retest for all positive Chlamydia and Gonorrhea patients 90 days after treatment.**

WOMEN, INFANT, CHILDREN PROGRAM (WIC)

Healthcare providers authorizing formula and food prescriptions for WIC clients **must** adhere to the new medical documentation guidelines mandated by the USDA. Please contact the Bay County Health Department's WIC program at (989) 895-4002 for further information.

Bay County Health Department appreciates the assistance of local healthcare providers assisting us with 2009 H1N1 vaccination program. In order for providers to be designated as vaccine recipients, they were able to meet the criteria to receive, store and administer the H1N1 vaccine.

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Creating A Healthy Environment For The Community

We're on the Web!

Visit us at:

www.baycounty-mi.gov/Health

MISSION

We, at the Bay County Health Department, commit to providing Bay County residents with quality health care delivered by our qualified, compassionate staff. We believe in a holistic approach in promoting the optimal level of wellness in each individual.

GOALS

The goal of public health administration is to establish and maintain a community focus on public health through the development of an efficiently organized, adequately staffed and effective Health Department.

The Health Department was created to meet the needs and the expectations of all citizens in Bay County. Many of the services are free of charge while others are based on income, eligibility criteria, and fee for service.

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